

City of Falls City

299 Mill St • Falls City, Oregon • 97344 Ph. (503) 787-3631 • www.fallscityoregon.gov

Instructions: Fill out both sides of form and submit to City Hall.

Contact Information Name: Street Address: Mailing Address: City/State/Zip Code: Home Phone: Work Phone: E-Mail Address: **Background** Years of Residence in Falls City: Place of Employment: Occupation: **Educational Background:** Prior Civic Activities: **Committees of Interest** Please check all of the following Committees that interest you: ☐ Budget Review Committee ☐ Parks and Recreation Committee □ Public Works Committee ☐ Historic Landmark Commission ☐ Planning Commission

*Please continue to reverse side of form for completion.

Special Skills or Qualifications	
Summarize any special training, skills or experience you may have pertinent to the Committees to which you are applying.	
Motivation	
Discuss your motivation for serving	g on this Committee.
Special Notice	
<u>-</u>	the City Council and Planning Commission are required to file an annual with the State of Oregon.
Agreement and Signature	
By submitting this application, I affi	rm that the facts set forth in it are true and complete. I understand that if, I e statements, omissions, or other misrepresentations made by me on this iate dismissal.
Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with us.